



SASKATCHEWAN FORMULARY BULLETIN

Update to the 60th Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective July 1, 2010:

Azilect (rasagiline mesylate) 0.5mg, 1mg, tablet (TVM)

Omnaris (ciclesonide) 50mcg/actuation, metered dose inhaler (nasal spray) (NYC)

Stalevo (levodopa/carbidopa/entacapone) 75mg/18.75mg/200mg, 125mg/31.25mg/200mg, tablet (NVR)

New Listing for Drug Plan Registered Palliative Care Patients Effective July 1, 2010:

Metadol (methadone HCl) 10mg/ml, oral solution (PAL)

New Non-Interchangeable Full Formulary Listings Effective July 1, 2010:

BD Ultra-Fine Nano (diabetic needle) 32G 4mm (BDC)

UltiCare (diabetic syringe) 28G-0.5cc with $\frac{1}{2}$ " needle, 28G-1.0cc with $\frac{1}{2}$ " needle, 30G-0.3cc with $\frac{1}{2}$ " needle, 30G-0.5cc with $\frac{1}{2}$ " needle, 30G-1.0cc with $\frac{1}{2}$ " needle, 31G-0.3cc with 5/16" needle, 31G-0.5cc with 5/16" needle, 31G-1.0cc with 5/16" needle (AMC)

New Exception Drug Status (EDS) Listings Effective July 1, 2010:

Remicade (infliximab) 100mg/vial, injection (mg) (SCH)

For treatment of ulcerative colitis in patients unresponsive to high dose intravenous steroids.

Note: Clinical response should be assessed after the three-dose induction phase before proceeding to maintenance therapy. Ongoing coverage will only be provided for those who respond to treatment. Patients undergoing this treatment should be reviewed every six months by a specialist in this area.

Risperdal Consta (risperidone) 12.5mg/vial, powder for suspension sustained-release (JAN)

For treatment of patients exhibiting a compliance problem with an oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

Uromax (oxybutynin chloride) 10mg, 15mg, controlled release tablet (PFR)

For treatment of patients intolerant to immediate release oxybutynin chloride.

New Interchangeable Exception Drug Status (EDS) Listings Effective July 1, 2010:

pms-Bupropion SR (bupropion HCl) 100mg, sustained release tablet (PMS)

Revised Exception Drug Status Criteria Effective July 1, 2010:

Accolate (zaflurkast) 20mg tablet (AST)

- (a) *For asthma patients who cannot manage the use of an inhalation device despite assistance with a spacer (eg. physically or mentally challenged patients or pediatric patients).*
- (b) *For adjunctive treatment in patients between the ages of 12 and 17 concurrently on an inhaled steroid who have failed a long acting beta-2 agonist (LABA).*

Note: This change in criteria will take effect on **October 1, 2010**.

Aranesp (darbepoetin alfa) 25ug/mL (0.4mL), 40ug/mL (0.5mL), 100ug/mL (0.3mL, 0.4mL, 0.5mL, 0.65mL), 200ug/mL (0.3mL, 0.4mL, 0.5mL), 500ug/mL (0.3mL) (0.4mL), pre-filled syringe (AMG)

For treatment of anemia in chronic renal disease patients who are intolerant to or who have not responded to epoetin alfa.

Eprex (epoetin alfa) 1,000 IU/0.5mL, 2,000IU/0.5mL, 3,000IU/0.3mL, 4,000IU/0.4mL, 5,000IU/0.5mL, 6,000IU/0.6mL, 8,000IU/0.8mL, 10,000IU/mL, 20,000IU/0.5mL, pre-filled syringe; 20,000IU, sterile solution for injection (JAN)

For treatment of:

- (a) *Anemia in chronic renal disease patients prior to initiation of dialysis. Epoetin Alfa is the primary erythropoiesis stimulating agent for Saskatchewan Health beneficiaries when treating anemia related to chronic renal failure.*
Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.
- (b) *Anemia in AIDS patients.*
- (c) *Anemia in transplant patients.*

Singulair (montelukast sodium) 4mg, 5mg chewable tablet; 10mg tablet; 4mg oral granules (MSD)

- (a) *For treatment of asthma in patients under the age of six years.*
- (b) *For asthma patients who cannot manage the use of an inhalation device despite assistance with a spacer (eg. physically or mentally challenged patients or pediatric patients).*
- (c) *For adjunctive treatment in patients up to age 18 concurrently on an inhaled steroid who have failed a long acting beta-2 agonist (LABA).*

Note: This change in criteria will take effect on **October 1, 2010**.

Xarelto (rivaroxaban) 10mg tablet (BAY)

- (a) *For prophylaxis following total knee arthroplasty for up to 14 days following the procedure.*
- (b) *For prophylaxis in patients undergoing total hip replacement for up to 35 days following the procedure.*

New Interchangeable Full Formulary Listings Effective June 1, 2010:

Apo-Ropinirole (ropinirole hydrochloride) 0.25mg, 1mg, 2mg, 5mg tablet (APX)

Jamp-Amlodipine (amlodipine) 5mg, 10mg tablet (JPC)

Jamp-Fosinopril (fosinopril) 10mg, 20mg tablet (JPC)

Jamp-Pravastatin (pravastatin) 10mg, 20mg, 40mg tablets (JPC)

Jamp-Ramipril (ramipril) 1.25mg, 2.5mg, 5mg, 10mg capsule (JPC)

NG-Citalopram (citalopram hydrobromide) 20mg, 40mg tablet (NGP)

Ran-Fosinopril (fosinopril) 10mg, 20mg tablet (RAN)

Zym-Amlodipine (amlodipine) 5mg, 10mg tablet (ZYM)

New Interchangeable EDS Listings Effective June 1, 2010 (according to the current EDS Criteria):

Apo-Rabeprazole (rabeprazole sodium) 10mg, 20mg enteric coated tablet (APX)

Apo-Rivastigmine (rivastigmine) 1.5mg, 3mg, 4.5mg, 6mg capsule (APX)

Azithromycin (azithromycin) 250mg, 600mg tablet (SAN)

CO Olanzpine (olanzapine) 2.5mg, 5mg, 7.5mg, 10mg, 15mg tablet (COB)

Mylan-Carvedilol (carvedilol) 3.125mg, 6.25mg, 12.5mg, 25mg tablet (MYL)

Novo-Naratriptan (naratriptan) 1mg, 2.5mg tablet (NOP)

Novo-Risedronate (risedronate sodium) 5mg, 30mg tablet (NOP)

pms-Fentanyl MTX (fentanyl) 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr transdermal system (PMS)

pms-Omeprazole DR (omeprazole) 20mg delayed release tablet (PMS)

Ran-Cefprozil (cefprozil) 25mg/ml powder for oral suspension (RAN)

Sandoz Naratriptan (naratriptan) 2.5mg tablet (SDZ)

New Interchangeable EDS Listing Effective May 25, 2010 (according to the current EDS Criteria):

Novo-Risedronate (risedronate sodium) 35mg tablet (NOP)

Drugs Reviewed and Not Recommended:

GlucaGen and GlucaGen HypoKit (glucagon) 1mg/vial powder for solution (NOO)

Marcaine (bupivacaine HCl) 0.25%, 0.5%, 0.75% injection; 1:200000, 0.25%, 0.5% injection with epinephrine; spinal 0.75% with dextrose 8.25% injection (HOS) - when added to compounded preparations for use in intrathecal pain pumps

Sensorcaine (bupivacaine HCl) 0.25%, 0.5%, 0.75% injection; 1:200000, 0.25%, 0.5% injection with epinephrine (AST) - when added to compounded preparations for use in intrathecal pain pumps

TRUEtest blood glucose testing strips (HOM)

The Committee supports the CEDAC recommendation that the following products not be listed:

Soliris (eculizumab) 10mg/ml injection solution (API)

Vyvanse (lisdexamfetamine dimesylate) 30mg, 50mg capsule (SCI)

Xeomin (clostridium botulinum neurotoxin type A) 100U/vial powder for solution (MRZ) – post stroke spasticity

Deletion from the Hospital Benefit List:

Zeftera (ceftobiprole medocaril) as the product will no longer be available for sale in Canada.

**Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
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Formulary & EDS Updates

Effective **June 1, 2010** the following products will be listed as benefits in Saskatchewan:

*Amlodipine

Jamp-Amlodipine	5mg tablet	02331071	0.6656	I/C
Jamp-Amlodipine	10mg tablet	02331098	0.9880	I/C
Zym-Amlodipine	5mg tablet	02342790	0.6656	I/C
Zym-Amlodipine	10mg tablet	02342804	0.9880	I/C

*Azithromycin

Azithromycin	250mg tablet	02330881	3.1084	I/C EDS
Azithromycin	600mg tablet	02330911	7.6250	I/C EDS

*Carvedilol

Mylan-Carvedilol	3.125mg tablet	02347512	0.8001	I/C EDS
Mylan-Carvedilol	6.25mg tablet	02347520	0.8001	I/C EDS
Mylan-Carvedilol	12.5mg tablet	02347555	0.8001	I/C EDS
Mylan-Carvedilol	25mg tablet	02347571	0.8001	I/C EDS

*Cefprozil

Ran-Cefprozil	25mg/mL pwd for susp	02329204	0.1107	I/C EDS
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*Citalopram hydrobromide

NG-Citalopram	20mg tablet	02322781	0.8750	I/C
NG-Citalopram	40mg tablet	02322803	0.8750	I/C

*Fosinopril

Jamp-Fosinopril	10mg tablet	02331004	0.4977	I/C
Jamp-Fosinopril	20mg tablet	02331012	0.5985	I/C
Ran-Fosinopril	10mg tablet	02294524	0.4977	I/C
Ran-Fosinopril	20mg tablet	02294532	0.5985	I/C

*Fentanyl

pms-Fentanyl MTX	12mcg/hr patch	02341379	3.2000	I/C EDS
pms-Fentanyl MTX	25mcg/hr patch	02341387	5.9500	I/C EDS
pms-Fentanyl MTX	50mcg/hr patch	02341395	11.2000	I/C EDS
pms-Fentanyl MTX	75mcg/hr patch	02341409	15.7500	I/C EDS
pms-Fentanyl MTX	100mcg/hr patch	02341417	19.6000	I/C EDS

*Olanzapine

CO Olanzapine	2.5mg tablet	02325659	0.8986	I/C EDS
CO Olanzapine	5mg tablet	02325667	1.7972	I/C EDS
CO Olanzapine	7.5mg tablet	02325675	2.6958	I/C EDS
CO Olanzapine	10mg tablet	02325683	3.5944	I/C EDS
CO Olanzapine	15mg tablet	02325691	5.3916	I/C EDS

*Naratriptan				
Novo-Naratriptan	1mg tablet	02314290	7.7725	I/C EDS
Novo-Naratriptan	2.5mg tablet	02314304	8.2125	I/C EDS
Sandoz Naratriptan	2.5mg tablet	02322323	8.2125	I/C EDS
*Omeprazole				
pms-Omeprazole DR	20mg DR tablet	02310260	1.1000	I/C EDS
*Pravastatin				
Jamp-Pravastatin	10mg tablet	02330954	0.9530	I/C
Jamp-Pravastatin	20mg tablet	02330962	1.1243	I/C
Jamp-Pravastatin	40mg tablet	02330970	1.3543	I/C
*Rabeprazole sodium				
Apo-Rabeprazole	10mg EC tablet	02345579	0.4550	I/C EDS
Apo-Rabeprazole	20mg EC tablet	02345587	0.9100	I/C EDS
*Ramipril				
Jamp-Ramipril	1.25mg capsule	02331101	0.4550	I/C
Jamp-Ramipril	2.5mg capsule	02331128	0.5250	I/C
Jamp-Ramipril	5mg capsule	02331136	0.5250	I/C
Jamp-Ramipril	10mg capsule	02331144	0.6650	I/C
*Risedronate sodium				
Novo-Risedronate	5mg tablet	02298376	0.9107	I/C EDS
Novo-Risedronate	30mg tablet	02298384	5.9000	I/C EDS
Novo-Risedronate	35mg tablet	02298392	4.8575	I/C EDS
*Rivastigmine				
Apo-Rivastigmine	1.5mg capsule	02336715	1.3029	I/C EDS
Apo-Rivastigmine	3mg capsule	02336723	1.3029	I/C EDS
Apo-Rivastigmine	4.5mg capsule	02336731	1.3029	I/C EDS
APo-Rivastigmine	6mg capsule	02336758	1.3029	I/C EDS
*Ropinirole HCl				
Apo-Ropinirole	0.25mg tablet	02337746	0.1419	I/C
Apo-Ropinirole	1mg tablet	02337762	0.5676	I/C
Apo-Ropinirole	2mg tablet	02337770	0.6244	I/C
Apo-Ropinirole	5mg tablet	02337800	1.7192	I/C

Price change effective **June 1, 2010**, the usual clearing period is in effect.

***Salbutamol SO4**

Airomir 100mcg/dose MDI 02232570 6.0000 I/C

